



Wisconsin Department of Public Instruction
CERTIFICATE OF ELIGIBILITY (COE)
PI-1727 (Rev. 07-09)

Requirement of PL 107-110, Title I Migrant Education.

DISTRIBUTION

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Mail to

DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: KATHRYN OLSEN
MIGRANT EDUCATION PROGRAM
P.O. BOX 7841
MADISON, WI 53707-7841

School District Name _____

School District SSID WI ____ _

Date Classes Started ____/____/____

I. Family Data

Male Parent/Guardian Last, First	Current Male Parent/Guardian Last, First	Current Street Address	City	State	Zip
Female Parent/Guardian last, First	Current Female Parent/Guardian Last, First	Homebase Street Address	City	State	Country Zip
Residency Date	Date of Withdrawal	Current Telephone Area Code/No.	Homebase Telephone Area Code/No.	Homebase District	

II. Child Data

Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	R/E	MB	Birth Date	Code	Birth Location	Enroll Date	Gr	SSID	USID
1														
2														
3														
4														
5														

III. Qualifying Move and Work

- The child(ren) listed on this form moved **from** a residence in _____ School District _____ / _____ City _____ / _____ State _____ / _____ Country _____ to a residence in _____ School District _____ / _____ City _____ / _____ State _____.
- The child(ren) moved *Complete both a. and b.:*
 - ☐ on own as worker, OR ☐ with the worker, OR ☐ to join or precede the worker.
 - The worker, _____ First Name and Last Name of Worker _____, is the child or the child's ☐ parent ☐ spouse ☐ guardian.
 - (Complete if "to join or precede" is checked in 2a.) The worker moved on _____ MM/DD/YY _____. The child(ren) moved on _____ MM/DD/YY _____. *Provide comment.*
- The Qualifying Arrival Date was _____ MM/DD/YY _____.
- The worker moved due to economic necessity in order to obtain:
 - ☐ qualifying work, and obtained qualifying work, OR
 - ☐ any work, and obtained qualifying work soon after the move, OR
 - ☐ qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work:
 - ☐ The worker has a prior history of moves to obtain qualifying work. *Provide comment, OR*
 - ☐ There is other credible evidence that the worker actively sought qualifying work soon after the move. *Provide comment*
- The qualifying work, * _____ Describe agricultural or fishing work _____ was (make a selection in both a. and b.):
 - ☐ seasonal OR ☐ temporary employment
 - ☐ agricultural OR ☐ fishing work

*If applicable, Check and provide comment
☐ personal subsistence
- Complete if "temporary" is checked in #5a. The work was determined to be temporary employment based on:
 - ☐ worker's statement. *Provide comment, OR*
 - ☐ employer's statement *Provide comment, OR*
 - ☐ State documentation for _____ Employer _____.

IV. Comments.

Must include 2bi, 4c, 5, 6a, and 6b of the Qualifying Move and Work Section, if applicable.

VI. Eligibility and FERPA Certification

I CERTIFY that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these are migratory children as defined in 20 U.S.C. 6399(2) and implementing regulations, and thus eligible for the MEP services.

I CERTIFY that to the best of my knowledge the information is true, reliable and valid, and I understand that any false statement provided that I have made is subject to fine or imprisonment per 18 U.S.C. 1001.

I CERTIFY that the interviewee was informed by me about the Family Educational Rights and Privacy Act (FERPA) and the release of the child(ren)'s school records.

V. Parent/Guardian/Spouse/Worker Signature

I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form is/are eligible for the Title I, Part C Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.

Signature ➤	Relationship to the Child(ren)	Date Mo./Day/Yr.	Signature of Interviewer ➤	Date Mo./Day/Yr.
			Signature of Designated SEA [LEA] Reviewer ➤	Date Mo./Day/Yr.